



JUVENILE REHABILITATION ADMINISTRATION (JRA)

TRANSITION REPORT

TO: PAROLE CASE MANAGER'S NAME		REGION		DATE	
FROM: NAME		FACILITY			
PURPOSE OF REPORT (RESPONSE REQUIRED)				PURPOSE OF REPORT (RESPONSE NOT REQUIRED)	
<input type="checkbox"/> Release to intensive parole in Region: _____		<input type="checkbox"/> Release to 30 day transition parole in Region: _____		<input type="checkbox"/> Discharged to probation/ community supervision	
<input type="checkbox"/> Release to sex offender parole in Region: _____		<input type="checkbox"/> Case transfer (regional offices only)		<input type="checkbox"/> Discharge to no parole	
<input type="checkbox"/> Release to enhanced parole in Region: _____		<input type="checkbox"/> Authorized leave			
<input type="checkbox"/> BTC: Minimum _____ Maximum _____					
IDENTIFYING DATA					
YOUTH'S NAME		JRA NUMBER		DATE OF BIRTH	
		COUNTY OF COMMITMENT			
ANTICIPATED RELEASE DATE		COMMITTING OFFENSE(S)			
PLACEMENT ENVIRONMENT					
ANTICIPATED PLACEMENT (NAME)		RELATIONSHIP		PRIMARY LANGUAGE	
				TELEPHONE NUMBER	
STREET ADDRESS		CITY		STATE	
				ZIP CODE	
OTHER COMMENTS/SPECIAL CONSIDERATIONS					
ALTERNATE PLACEMENT (NAME)		RELATIONSHIP		PRIMARY LANGUAGE	
				TELEPHONE NUMBER	
STREET ADDRESS		CITY		STATE	
				ZIP CODE	
INVESTIGATIVE INFORMATION					
NOTIFICATION		DURING CURRENT COMMITMENT:			
Law Enforcement		Has the facility completed Protective Service reports of youth abuse or neglect regarding the anticipated placement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> No <input type="checkbox"/> Yes; date: _____		Is the Division of Children and Family Services (DCFS) involved with this youth? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School		If yes, caseworker assigned:			
<input type="checkbox"/> No <input type="checkbox"/> Yes; date: _____		Telephone number:			
EDUCATION/EMPLOYMENT					
ANTICIPATED SCHOOL PLACEMENT				DISTRICT	
ANTICIPATED EMPLOYMENT (EMPLOYER'S NAME)				LOCATION	
				YOUTH'S POSITION	
HEALTH AND MEDICAL ISSUES/NEEDS					
FAMILY INVOLVEMENT					
Has the family committed support for the youth's Initial Service Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Explain below, include: <input type="checkbox"/> Housing <input type="checkbox"/> Treatment participation <input type="checkbox"/> Transportation <input type="checkbox"/> School/vocational <input type="checkbox"/> Employment					
How was the family involved/engaged during the youth's commitment?					
CASE MANAGER'S SIGNATURE		DATE		REVIEWED BY	
				DATE	
FOR REGIONAL USE ONLY					
PAROLE COUNSELOR ASSIGNED CASE		CASELOAD		REGION	
				DATE REPORT DUE	
INVESTIGATION ASSIGNED TO		CASELOAD		REGION	
				ACTUAL REPORT DATE	

DISTRIBUTION: PAROLE:
Assigned Regional Office
Case File

Committing Court
Working File

DISCHARGE: TO NO PAROLE:
Case File
Committing Court
Working File